

D-1-T 8/1996

The School District of the City of Erie, Pennsylvania
 1511 Peach Street • Erie, Pennsylvania 16501

Teacher/Staff Referral Form

School: S.V.
 Student's Name: Chad B. Date: 10/17/01
 Grade: 8 Class: Social Studies Period: 3 Homeroom: _____
 Teacher's Signature: Manus Room No: 224

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☐C. Academic Problems ☐D. Other ☒

2. Explain the problem: Walking in Halls (should be in the Study
Homeplay - fighting with Evan & Housh

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardian? ☒ Yes ☐ No (Keep written documentation)

When? _____ Phone: _____ Letter: _____

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken	Date(s)	Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Notice	
<input type="checkbox"/> Program for At-Risk School Susp.		<input type="checkbox"/> After-School Student		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Support Program		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> Juvenile Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> SAT Team		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> PSD Night School	

Signature of Person who received the Referral

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001914

10/19/01 end of day
start 4pm

The School District of the City of Erie, PA
A000000447

Functional Behavior Assessment

Student

Chad B

Grade

F

School

Strong Vincent

Date

10/15/01

Time

9:40 - 10:40

Subject

LS Math

Staff Reporter

J. Shay

GLOBAL INFORMATION

Behavior out of seat bothering
other students back talk
when redirected

Strengths does well when focused on
assignments Very bright

Attempted Intervention / Duration 3 warnings
Sit close to teacher, alternative
assignments

Academics good in Math and
reading

Family / Social bothers others
instigates fights between peers

Please state where, when, and with whom the problem behavior is most likely to occur.

Where In Classroom / in Hallway

When during class, when being redirected due to poor behavior

With whom People in Authority positions

BEHAVIORS

Check the two most severe behaviors

HE/SHE WILL:

- ☐ Refuse directions
- ☒ Be off task
- ☒ Be physically / verbally aggressive
- ☐ Destroy property
- ☒ Provoke / tease others
- ☐ Leave class
- ☐ Injure self
- ☒ Be tardy
- ☐ Sleep
- ☒ Not complete work
- ☐ Be absent
- ☒ Swear
- ☐ Other (specify) _____

ANTECEDENTS

What happened immediately before the problem behavior?

WHEN:

- ☐ Demand / request
- ☒ Unstructured time
- ☒ Loud / disruptive environment
- ☒ Other student provoked
- ☒ Transition between classes
- ☒ Transition between classes
- ☐ Difficult academic tasks
- ☐ Interruptions
- ☒ Attention given to others
- ☒ Stopped from doing desired activity
- ☒ Other (specify) out of seat
Constantly

FUNCTIONS

What is the student getting from this behavior?

IN ORDER TO:

- ☒ Gain Attention
- ☒ Adult
- ☒ Student
- ☐ Other _____
- ☐ Escape / Avoid
- ☐ Activity
- ☐ Anxiety / Fear
- ☐ Negative interaction
- ☐ Difficult work
- ☒ Get Something
- ☒ Power / Control
- ☐ Desired item / Activity

WHAT HAPPENED AFTER?

What did the teacher do, following the behavior?

- ☐ Nothing / Ignored
- ☒ Physical redirection
- ☐ Student continued activity
- ☒ Verbal redirection
- ☒ Separation within room area
- ☒ Removal from room
- ☐ Call for assistance
- ☐ Call parent
- ☒ Teacher / peer attention
- ☒ Loss of privileges
- ☒ Other (specify) Sent to
office

HYPOTHESIS

BEHAVIOR
HE / SHE WILL:

talk out / touch others

ANTECEDENTS
WHEN:

Someone walks by
redirected by teacher
New person enters a
room.

FUNCTION
IN ORDER TO:

Have power, show
off, act tough,
avoid work.

E 000001903

The School District of the City of Erie, PA

Function Behavior Assessment

Student

[Redacted]

Grade

F

School

Strong Vincent

Date

10/10/01

Time

12:00-1:30

Subject

Social Studies

Staff Reporter

C. Marcus

GLOBAL INFORMATION

Behavior

out of seat, talking out, backtalk when re-directed

Strengths

does well when focused on assignments very bright

Academics

good comprehension skills

Family / Social

bothers others instigates fights

Please state where, when, and with whom the problem behavior is most likely to occur.

Where

In classroom/hallway

When

during class when being redirected due to poor behavior

With whom

People in authority positions

BEHAVIORS

Check the two most severe behaviors

HE/SHE WILL:

- ☐ Refuse directions
☒ Be off task
☒ Be physically / verbally aggressive
☐ Destroy property
☐ Provoke / tease others
☐ Leave class
☐ Injure self
☐ Be tardy
☐ Sleep
☐ Not complete work
☐ Be absent
☐ Swear
☐ Other (specify) _____

ANTECEDENTS

What happened immediately before the problem behavior?

WHEN:

- ☐ Demand / request
☐ Unstructured time
☒ Loud / disruptive environment
☐ Other student provoked
☐ Transition between tasks
☐ Transition between classes
☐ Difficult academic tasks
☐ Interruptions
☒ Attention given to others
☐ Stopped from doing desired activity
☐ Other (specify) _____

FUNCTIONS

What is the student getting from this behavior?

IN ORDER TO:

- ☒ Gain Attention
☒ Adult
☒ Student
☐ Other _____
☐ Escape / Avoid
☐ Activity
☐ Anxiety / Fear
☐ Negative interaction
☐ Difficult work
☒ Get Something
☒ Power / Control
☐ Desired item / Activity

WHAT HAPPENED AFTER?

What did the teacher do, following the behavior?

- ☐ Nothing / Ignored
☒ Physical redirection
☐ Student continued activity
☒ Verbal redirection
☐ Separation within room area
☒ Removal from room
☐ Call for assistance
☐ Call parent
☒ Teacher / peer attention
☒ Loss of privileges
☐ Other (specify) sent to Office

HYPOTHESIS

BEHAVIOR
HE / SHE WILL:Talk out / touch othersANTECEDENTS
WHEN:Someone walks by redirected by teacher new person enters roomFUNCTION
IN ORDER TO:Have power, show off, act tough avoid work

A000000449

To: Ms Cipp
Re: ~~Chad~~ B.

10/24/01
Period 5

~~Chad~~ was disruptive the entire period. He talked continuously and bothered other students.

Walked out of class at 2:45.
without permission

Schaffnit

About being late 20 min:

He told me he was with Mr. Wright, but Mr. Wright told me he only saw him for 5 minutes at the most. He came to my room & I sent him for a pass. ^{from} That was when he went to you.

A000000450

COMMONWEALTH OF PENNSYLVANIA		CITATION NO.	
NON-TRAFFIC CITATION		P1271388-6	
1. Magisterial District Number 06-2-01	2. District Number	3. Social Security Number	
4. Address of Magisterial District Office		5. Driver's Number	6. State <input type="checkbox"/> PA
7. Defendant's Name - First C. [REDACTED]		Middle B.	Last -
8. Defendant's Address (Street-City-State-Zip Code) 1725 W 14			
9. Race/Ethnicity (W) <input type="checkbox"/> White (A) <input type="checkbox"/> Asian (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female (B) <input checked="" type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown			
10. Sex	11. Date of Birth (MM/DD/YY) [REDACTED] 87	12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown	13. Type of Arrest (O) <input type="checkbox"/> On-View (S) <input checked="" type="checkbox"/> Summoned/Cited
14. JUVENILE <input checked="" type="checkbox"/> Yes	15. Felony Noted <input type="checkbox"/> Yes	16. Person's Name	17. Date Noted
18. Charge <input checked="" type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input type="checkbox"/> Other			
19. Nature of Offense [REDACTED] became mad at the school nurse & he displayed threatening behavior by throwing a pencil & openly using profanity thereby creating a risk.		21. Pn. Code	22. CRIMES CODE TITLE 18 5503
23. SECTION 191		24. SUB SEC.	
25. FINE		26. COSTS	
27. J.C.P.		28. TOTAL DUE \$ 1.50	
29. Date	30. Time	31. Day	32. City/Township
33. Location 1330 W. 8th St.		34. Code	35. Zone
36. Defendant's Signature - Acknowledges Receipt of Citation X		37. County ERIE	38. County Code
42. I verify that the facts set forth in this citation are true to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904.		43. Date 10/25/01	44. Filed on file received
OFFICER'S SIGNATURE Sgt. Ronald W. Shupski #135		BADGE NUMBER	ORI NUMBER
45. Station Address ERIE POLICE - 626 STATE ST.		46. System Code	
47. Incident No.	48. Property Record No.	49. System Code	50. Incident No.
51. Victim's Name	52. Date of Birth (MM/DD/YY)	53. Sex	54. Race/Ethnicity
55. Victim's Address (Street-City-State-Zip Code)		56. Phone Number	
57. Subpoena List NURSE JAN DEAN			
58. Subpoena List			
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100. Subpoena List			

AOPC 407-95 (Rev. 10/96)

DISTRICT JUSTICE

Please schedule 3:15 hearing.

E 000001882

A000000451

TEACHER/PERSONAL DETENTION NOTICE

Date 10/25/01

Student Chad B.

GR _____ HR _____

Date of Detention Assignment _____

Time of Detention _____

Teacher Miss Church

Reason for Detention Assignment:

☐ Tardiness

☐ Failure To Do Homework

☐ Unprepared For Class

☒ Disrespectful Behavior

☒ Classroom Disruption

☐ Other

Comments: talking back to both subs, walking out of class

The above student has been assigned **Teacher/Personal Detention**, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature _____

Date _____

White copy Student/Parent Guardian

Yellow copy Teacher

Pink copy Office

Security Office
Called Sister
E 0000004516

X = Good Behavior

O = No Points

A000000452

A Day

Behavior Chart

Name: Chad BDate: 10/29/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class X

excellent
Best Day Yet!
JH

Period 2OT XCW N/AAL XSS XFD X

Great day!
ALC

Period 3OT XCW N/AAL XSS OFD O

Not as good
as 2nd period
ALC

Period 4OT yesCW yesAL yesSS yesFD yes

pretty good
JH

Originating Teacher: Linda C

Please return at 255

X = Good Behavior

A000000453

O = No Points

A Day

Behavior Chart

Name: C. [redacted] B.Date: 10/31/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class XPeriod 2OT XCW XAL XSS XFD Period 3OT XCW XAL XSS XFD XPeriod 4OT yesCW yesAL yesSS noFD noOriginating Teacher: Linda CappGood morning
manlyWay To Cool
manlyC. [redacted] did not
do well the last
15 minutes of
class - I had
to remove him
from class.

D-1-T 8/1996

A000000454

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STROMA VINCENTStudent's Name: C. [REDACTED] BDate: 11/1/01Grade: 8 Class: COMPUTER LITPeriod: 7

Homeroom: _____

Teacher's Signature: R. [REDACTED]Room No: 123

1. Reason for referral:

A. Attendance

B. Behavior Problem ☒1. Absenteeism ☐2. Chronically Late ☐C. Academic Problems ☐3. Medical ☐D. Other ☐

2. Explain the problem:

C. [REDACTED] DISRUPTIVE BEHAVIOR DURING
LESSON - [REDACTED] TOLD TO SIT WHILE REST OF CLASS
WAS PUT ON TASK - CHARLES WOULD NOT WAIT FOR
WRITE UP - HE WALKED OUT

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION:

DETENTIONS (NO SHOW) REFERRALS, PARENT CONFERENCE
3 SCHEDULED 3 NO SHOW - PHONED

4. Have you contacted the parents/guardians? ☒ Yes ☐ No (Keep written documentation)When? 10/31/01Phone: 461-1851

Letter: _____

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp.
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s):

Action Taken:

- ☐ Parent Contact/Conference
☐ Counselor
☐ Nurse
☐ After-School Student Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton G.E.D.

Date(s):

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance/Tardy Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s):

Linda Caff
Signature of Person who received the Referral

White Copy: Student File Green Copy: Counselor Pink Copy: Teacher/Staff Member Who Makes Referral

Date: 11/5/01 000001919

X = Good Behavior

A000000455

O = No Points

B Day

Behavior Chart

Name: Charles BDate: 11/2/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class XPeriod 2OT XCW XAL XSS XFD XPeriod 3OT XCW XAL XSS XFD XPeriod 4OT XCW XAL XSS XFD X

Originating Teacher: _____

X = Good Behavior

O = No Points

A000000456

0 Day

Behavior Chart

Name: Charles BDate: 11-5-01Period: 5

Teacher Comments:

Code

On Time X (escort)Complete Work OAppropriate Language OStays in Seat XFollows Directions ONo cutting Class X

not cooperative
talking back
talking instead of
working
Swearing

Period 5OT ✓ (escort)CW ✓AL ✓SS —FD ✓

C DID A GOOD
JOB TODAY?
SB

Period 7OT ✓CW ✓AL ✓SS ✓FD ✓

good day
Productive

Period 8OT —CW —AL —SS —FD —

Refused to do any
work Not
cooperative. Talking
continually

Originating Teacher: Linda Capplmo

A000000457

X = Good Behavior

O = No Points

A Day

Behavior Chart

Name: Charles B.Date: 11-6-01Period: 1

Teacher Comments:

Code

On Time ✓Complete Work ✓Appropriate Language ✓Stays in Seat ✓Follows Directions ✓No cutting Class ✓Period 2OT XCW XAL XSS XFD XPeriod 3OT XCW XAL XSS XFD XPeriod 4OT XCW XAL noisySS yesFD noisy

Originating Teacher: _____

gotMade some
Change Did
improveCharles had a verbal
fight w/ another student -
got them turned
it around
(smiley face)

A000000458

~~Ch B~~ 11-6-01
to Mr Wright to

CHM down.

Mrs James
224
1251

D-1-T. 8/1996

The School District of the City of Erie, Pennsylvania
 148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: SVStudent's Name: [Redacted] BGrade: 8Class: MathDate: 11/7/01

Period: _____

Homeroom: _____

Teacher's Signature: J. GrayRoom No: 218

1. Reason for referral:

A. Attendance

B. Behavior Problem ☐1. Absenteeism ☐2. Chronically Late ☐C. Academic Problems ☐3. Medical ☐D. Other ☐

2. Explain the problem:

Typically harassing other students
not doing work, out of seat, threatening
another student w/ scissors

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? _____

Phone: _____

Letter: _____

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp.
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s): _____

Action Taken:

- ☐ Parent Contact/Conference
☐ Counselor
☐ Nurse
☐ After School Student Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton G.E.D.

Date(s): _____

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance/Tardy Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s): _____

Unda Cappabianca
 Signature of Person who received the Referral

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

Date: 11/7/01

000001924

X = Good Behavior

O = No Points

A000000460

Behavior Chart

Name: [Redacted] BDate: 11-14-01Period: 1

Teacher Comments:

Code

On Time escorted?Complete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class Xexcellent day
[Signature]Period 2OT XCW XAL XSS XFD XExcellent
Day
[Signature]Period 3OT XCW XAL XSS XFD XExcellent
Day
[Signature]Period 4OT yesCW yesAL yesSS yesFD yesgood day !!
[Signature]Originating Teacher: Linda PappPlease Return at 2:55.

D-1-T 8/1996

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

Please note:
There were 8 men
between leaving the
office & arriving at
G-60 classroom

School: SVStudent's Name: Harry WilliamsDate: Nov. 16, 2001

Grade: _____

Class: 1st I Reading/MathPeriod: 3A

Homeroom: _____

Teacher's Signature: Quint BurroughsRoom No: G-60

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☐C. Academic Problems ☐D. Other ☒

This seems to be a case of 2
friends conspiring to get class.

2. Explain the problem: Charles B. came to class saying Mrs. Schultz needed to see Harry. He had just come from the campus to write a note on the prov. Harry came back down and said Mrs. Schultz needed a note for the prov. I wrote a brief one. Mrs. Schultz came down and asked if I was allowing Harry to

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

Because this seemed to be a
conspiracy between Charles B. & Harry
to get him out of class, I felt it was a situation
the 1st principal needed to be aware of & determine

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? _____

Phone: _____

Letter: _____

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp.
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s): _____

Action Taken:

- ☐ Parent/Guardian Conference
☐ Counseling
☐ NPS
☐ After-School Student Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton G.E.D.

Date(s): _____

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance/Tardy Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s): _____

Signature of Person who received the Referral

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

Date 11/16/01 E 000001926

A000000462

D-1-T 8/1996

TO MS. CAPP. 11/13/05

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: Spang Vincent
 Student's Name: [REDACTED] Date: 11/21/05
 Grade: 8 Class: Computer Net Period: 7 Homeroom: 226
 Teacher's Signature: [Signature] Room No: 123

1. Reason for referral:

A. Attendance ☐ B. Behavior Problem ☒

1. Absenteeism ☐

2. Chronically Late ☐

3. Medical ☐

C. Academic Problems ☐

D. Other ☐

2. Explain the problem:

DEFIANT - DISRESPECTFUL - CLASHED PERIODS
TALKING OUT CREATING DISRUPTIONS - ASKED FOR PUNX SENT
OR REASON FOR BEING ASSENT - CUM [REDACTED] REQUIRED FOR ME TO
KNOW AND HOW TO FIND OUT.

Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

ATTENTIONS - NO SHOWS - REEKS, REEKS, REEKS

Program for After School Suspension (PASS)

Conditional Release Form

Student C [REDACTED] B Grade 8th Homeroom 226
 Dates Assigned: _____

ATTENDANCE

Present: _____
 Absent: Legal _____
 Tardy: _____
 (Attach Absence Excuses)

10/9, 10, 31; 11/5, 15, 16, 19, 20, 21, 27 - 2001 all 1/2 days illegal
Illegal (Unexcused) 10/5, 8, 11, 12, 16, 17, 18, 19, 23, 24, 25, 26
 10/30, 11/1, 2, 6, 7, 8, 9, 14

The above student is scheduled to be released from the PASS program on November 27, 2001.
 The student must present this form to each teacher, along with assignments completed in PASS.
 Teachers are to check assignments and initial in the space provided if completed work is acceptable. This form must be returned to the building administrator at the end of the school day.

	COMMENTS	INITIALS
Homeroom		
Period 1		
Period 2	<i>SP</i>	<i>mn</i>
Period 3		<i>VS</i>
Period 4		<i>UD</i>
Period 5		
Period 6		
Period 7	<i>SP</i>	
Period 8		

PASS Instructors PETRIANNI
SCULLY

Counselor _____
 Administrators _____

Date _____
 Date _____

X = Good Behavior A000000464

O = No Points

Behavior Chart

Name: [Redacted]Date: 11/27/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class GoodPeriod 2OT XCW XAL XSS XFD XGoodSmartPeriod 3OT XCW XAL XSS XFD XGoodSelfPeriod 4OT yesCW yesAL yesSS yesFD yesa bittalkativeSelfOriginating Teacher:

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: ERIE

A000000465

NOTICE OF TRIAL
SUMMARY CASECOMMONWEALTH OF
PENNSYLVANIA

Mag. Dist. No.:	06-2-01
DJ Name: Hon.	A. J. WEINDORF
Address:	556 WEST FOURTH STREET Erie, PA
Telephone: (814) 451-6526	16507-0000

DEFENDANT:

VS.

NAME and ADDRESS

B. [REDACTED] ST.
ERIE, PA 16502

Docket No.: NT-0000848-01
Date Filed: 11/07/01



OFFICER :

LINDA CAPPABIANCA
1330 W. 8TH ST.
STRONG VINCENT HIGH SCHOOL
ERIE, PA 16502

Charge(s):

24 \$13-1333 \$\$ VIOLATION OF COMPULSORY ATTENDANCE REQ

This court has received your plea of NOT GUILTY to the above summary violation(s). The sum of \$ _____ .00
has been accepted as collateral for your appearance at trial.

Your trial has been scheduled as follows:

Date: 11/29/01	Place: DISTRICT COURT 06-2-01 556 WEST FOURTH STREET Erie, PA 16507-0000
Time: 9:00 AM	

You have the right to be represented by an attorney. You have the right to have any witnesses present. It is your responsibility to notify your attorney and/or witnesses of this trial date and time.

Should you fail to appear, a warrant may be issued for your arrest.

If you have any questions, please call the above office immediately.

If you are disabled and require assistance, please contact the Magisterial District office at the address above.

11/07/01 Date [Signature], District Justice
My commission expires first Monday of January, 2002.

SEAL

DATE PRINTED: 11/07/01

CITATION NUMBER: P2326045-1

DATE CITATION SIGNED:

11E0200001930

X = Good Behavior

O = No Points

A000000466

Behavior Chart

Name: [Redacted] B

Date: 11/29/01

Period: 1

Teacher Comments:

Code

On Time y

Complete Work y

Appropriate Language y

Stays in Seat y

Follows Directions O.K. => HE COULD HAVE DONE BETTER

No cutting Class —

Period 2

OT x

CW x

AL C

SS C

FD C

Period 3

OT —

CW —

AL —

SS —

FD —

Period 4

OT NO

CW NO

AL FAIR

SS NO

FD NO

Originating Teacher: Linda Capps

7th and 8th grades

A000000467

CH [REDACTED] B

was using profanity in my class that was unacceptable. He was chanting out words that were describing the female genitalia. His conduct needs to be addressed.

Thank you

Dr. Richard Gopet
(Substitute Teacher)

Nov. 29, 2001

A000000468

Vikki Scully's
Candy Jar was stolen
between 3:30 - 4:00 pm.

When viewing the security
tapes, Ch [REDACTED] B was

the only student seen
entering Ms. Scully's room
between 3:30 - 4:00.

Hinda C

A000000469

11/30/0

~~Chen~~ led to Ms. Kischka
About the nurse wanting to
see Tony ~~Nash~~. When I
asked the nurse, she had never
told ~~Chen~~ to that she needed
Tony. ~~Chen~~ told me the
nurse told him to get ~~tony~~. He
then said, it wasn't the nurse,
but 3 boys in the hall way.
mom is supposed to be here Monday 12/3
to discuss behavior
Linda IEP on home?

E 000001934

A000000470

The School District of the City of Erie
Perseus House, Inc.
Alternative Education Program

Memo to: Mr. Dahlstrand Harding

From: The Alternative Education Program

Subject: C [REDACTED] B 7LS

Date: 4/9/01

.....

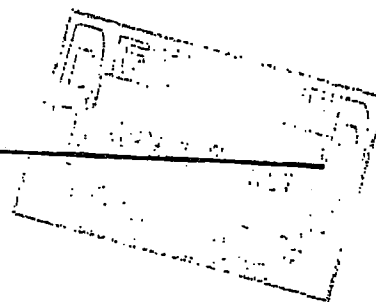
The student named above **WILL NOT** be returning to school due
to: fighting -
New RTS date to be determined

Please disregard the previous paperwork that was faxed to you
concerning this student's discharge.

If you have any questions or concerns, please call us at 480-5914.

Thank you.

CP/aj



Hon M^cQueen

A000000471

Department of Pupil Learner Services
Child Study Office

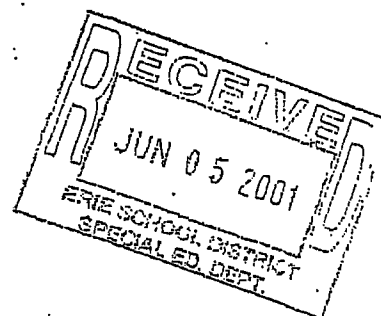
Request For Home-School Visitor Service

Student ID # 899489
Name of Child Ch [redacted]
Lives with mom - Victoria B. Birthdate [redacted] 87
(Name, Relationship) Address 17 [redacted]
Phone 455-0831 Present School, Grade Harding grade 7 Regular ☐
Date of Request 6-4-01 Principal's Signature Ray Sullivan Special ☒
Suzanne E.

PROBLEM/REASON FOR REFERRAL:

student has been at Harding since March 1997 - currently at A.E.P. -
Petersen's House. Teacher is Sherry Ryan at Harding. need assistance
of HSV to get parent in for IEP meeting. Chris Primavera at Petersen's
House can assist with getting in touch with parent.

Date received in Child Study _____ Assigned to: _____
REPORT OF HOME-SCHOOL VISITOR:



NARRATIVE (Describe What Happened)

A900000472 BRIAN HUGHSON 4-20-01

On the date of April 19, 2000 at or about 1410 hrs. This Officer was monitoring the parking lot of the school during Middle School dismissal. Upon walking to the bus stop along State St. I noticed a large group of A.E.P. students standing across the street from myself. I then witnessed a black male who was unknown to myself, later identified as " " take off his shirt, along with

whom attends A.E.P. whom removed his coat. It appeared that the two were going to fight.

At that time Mr. Pat Vona arrived and we both proceeded to walk towards the group across the street. As we crossed the street, the large group started to walk East on E. 16th Street, and proceeded to a Grassy lot on French Street between E. 16th and E. 17th Streets.

The group was approximately 100yds. Away at this point, And I noticed two males fighting, and I witnesses " had what appeared to be a chain in his left hand whom was swinging it attempting to hit another, namely: .

At this point Pat Vona used his portable radio to contact Mrs. Margaret Simetelli who was inside the School, and have her contact the Erie Police Dept.

As myself and Pat Vona got closer to the scene I witnesses a bottle being thrown by an unknown party, and appeared to have a sort of chain or belt in his hand. The group then saw myself and Pat Vona and started to leave the area, and walk east on E. 17th Street.

At this time a cruiser from E.P.D. arrived and tried to locate this group. Back at the scene I did find a wooden piece from the back of a chair about 12" long which was also used during the fight. E.P.D. did have contact with several of the juveniles involved in a different area, and will have the Juvenile Division handle.

Alternative Education Program

A000000473

Student Involved: B [REDACTED]

ES ☒ LS ☐ Date 4/19/01
Time 2:10 P.M.

Notification

Police: Yes ☒ No ☐Parents: Yes ☒ No ☐Supervisor: Yes ☒ No ☐CW/PO: Yes ☐ No ☐ESD Notified: Yes ☒ No ☐

Other:

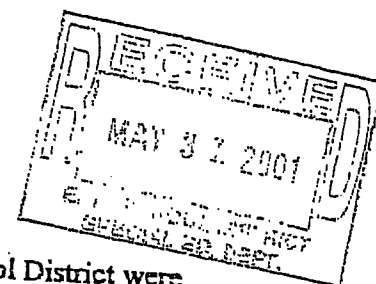
Description Of Incident

On 4/19/01 I Patrick Vona was witness to an altercation between two students one of them being from AEP. During this incident another student from AEP by the name [REDACTED] B was also involved in the incident. As I was approaching the area where the two students were fighting I observed [REDACTED] B standing among the other student with a chain in each of his hands. The fight was then reported to the Erie Police Dept. and AEP Supervisors. It was reported to me by other students that were present at the incident that one of the boys involved in the fight was the brother of Charles B.

Staff Response

Officer Hughson and I broke up the fight. Chris Primavera, EPD and Erie School District were contacted.

Plan The incident is presently being reviewed by EPD, ESD and AEP.

Report Composed by Patrick VonaSupervisor: [REDACTED]Date 4/19/01Date: 4/20/01

A000000474

The School District of the City of Erie
Perseus House, Inc.
Alternative Education Program

School Harding

Discharge Form

Name [redacted]Address 1725 [redacted] Erie PA 16505Student ID# 899489Telephone 461-1851Grade 7 LSDOB [redacted] 87Parent/Guardian Mr & Mrs. [redacted] BRelationship ParentsDate Entered AEP 2/20/01Tent. Discharge Date 4/6/01Length of stay 45 days

NORA/IEP Addendum _____

Return to reg. classes 4/17/01 # Days of absence _____

GPA prior to placement _____

Date of Principal notification 3/26/01

Attendance prior to placement _____ days out of _____ days Date of SAP notification _____

Reason for AEP referral CDB, trespassing, stealingInterventions/Programs Drug and Alcohol Counseling, Academic Instruction, Skill Streaming, Academic Instruction, Highly Structured Environment, Behavior Modification Strategies.Behavior now exhibited [redacted] at times demonstrates respect towards staff and peers. Charles can be attention seeking and a negative influence.Re-entry strategy Provide [redacted] with positive reinforcement, place him away from negative influence or sit him by himself.

Service/Agency _____

Type of Service _____

Who's Responsible _____

Date/Time of Appt. _____

E 000001951

A000000475

1/16/01

Incident Report

On 1/16 at approximately 2:50 Mr. Callaghan reported an envelope containing money from a school dance was missing from his room. He reported that the envelope was in his room when all the students were dismissed. He noted he went to bus duty and left one student in his room for extra help. I asked him for the name of the student and any other students that were in the hallway by his room.

The following day 1/17 I spoke to every HR in the middle school wing and told them money had been stolen and that any student who had information should see Mrs. Barker or myself. Many students were interviewed. The student who was in the room stated that C█████ B entered the room and started going through Mr. Callaghan's desk. When the student asked C█████ what he was doing he said he was looking for his poem. C█████ told the student a teacher was looking for him and the student left the room. A teacher and another student in the hall saw C█████ leaving the room with an envelope. C█████ then went to the nurse's room to get medication and went to gym for intramurals. Further investigation indicated that no teacher asked to send for the student in Mr. Callaghan's room. After investigating the incident it was determined that C█████ entered Mr. Callaghan's room without permission and stole the money.

C█████ has been caught stealing before, been in several fights, constantly insubordinate with his teachers, and a constant disruption in his classes (he has been referred to the office more than twenty times). A behavior plan was put in place with his special needs teacher Mrs. Ryan. Mrs. Ryan worked very closely with C█████ and had several conferences with his mother. I also met with his mother and father on several occasions. In the last conference before this incident I indicated that if C█████ had one more major incident he would be placed in alternative education.

C█████ B is a major disruption to the educational environment at Harding. It is my recommendation that C█████ be placed in Alternative Education.

John Dahlstrand
Assistant Principal
Harding

E 000001969

School District of the City of Erie, PA

STUDENT EVALUATION

Student I.D.# 899489Name: Charles B.Date May 9, 1995Teacher: Janet GloverHome Room 114Grade LS-1Subject: All

Room Number _____

Present Academic Evaluations:

At this time Charles is functioning below grade level in reading and math. He is using SRA Reading Mastery I, and DISTAR Arithmetic I, almost completing both levels.

Grade Average: 1st

Please Check the following:

- | | | | |
|-----------------------|---|---|--|
| 1. Class Contribution | Excellent _____ | Average <input checked="" type="checkbox"/> | Poor _____ |
| 2. Attitude | Excellent _____ | Average <input checked="" type="checkbox"/> | Poor _____ |
| 3. Discipline | Excellent _____ | Average _____ | Poor <input checked="" type="checkbox"/> |
| 4. Attendance | Excellent <input checked="" type="checkbox"/> | Average _____ | Poor _____ |
| 5. Punctuality | Excellent _____ | Average <input checked="" type="checkbox"/> | Poor _____ |

Please list the number of days of absence from your class.

September _____	February _____
October _____	March _____
November _____	April _____
December _____	May _____
January _____	June _____

Comments regarding academic achievement, attitude and behavior in class:

Charles has very poor self-control. He is unable to remain seated for any length of time. He continually calls out. Charles is aggressive, uses inappropriate language (often of a sexual nature.), He also has a problem masturbating.

Additional Comments: I feel if Charles were properly medicated his grades would improve and possibly he would spend more time in an age/grade appropriate classroom.

EASE COMPLETE THIS FORM AND RETURN IT TO THE CHILD STUDY DEPARTMENT AS SOON AS POSSIBLE.

THIS FORM WILL BE USED ON _____

(Date)

E 000002182

Discipline History Report

Date Printed: 1/18/2001

A000000477
HARDING ELEMENTARY

820 LINCOLN AVE

ERIE, PA. 16505

Student / Offense / Comment	Location	Student #	Date	Teacher / Disposition	Grade	Race	Gender	Dem
B: C [REDACTED] LEAVING ASSIGNED AREA LEFT ASSIGNED AREA AND SKIPPED CLASS SAT. DET. 1/8	HALLWAY	899489	1/5/2000	BONNIGER, Mr. JEFF SATURDAY DETENTION	6	African American	M	
B: C [REDACTED] SKIPPING SATURDAY DETENTION SKIPPED SAT. DET. PASS FOR 3 DAYS 1/10-12	SATURDAY DETENTION	899489	1/8/2000	DAHLSTRAND, Mr. JOHN PASS 3 DAYS	6	African American	M	
B: C [REDACTED] LEAVING ASSIGNED AREA 2nd offense leaving assigned area PASS FOR 3 DAYS 2/15-17	TEACHER'S CLASSROOM	899489	2/14/2000	WILLIAMSON, Mr. KENT PASS 3 DAYS	6	African American	M	
B: C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION SAT DET. 3/18	TEACHER'S CLASSROOM	899489	3/3/2000	PARDEE, Ms. KATHLEEN SATURDAY DETENTION	6	African American	M	
B: C [REDACTED] SKIPPING SATURDAY DETENTION SKIPPED SATURDAY DETENTION PASS FOR 3 DAYS 3/27-29	SATURDAY DETENTION	899489	3/25/2000	DAHLSTRAND, Mr. JOHN PASS 3 DAYS	6	African American	M	
B: C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION OSS FOR 2 DAYS 4/13-14	TEACHER'S CLASSROOM	899489	4/12/2000	DAHLSTRAND, Mr. JOHN OSS	6	African American	M	
B: C [REDACTED] FIGHTING FIGHTING ON THE PLAYGROUND 2 DAYS 5/31-6/1	PLAYGROUND	899489	5/31/2000	DAHLSTRAND, Mr. JOHN OSS	6	African American	M	
B: C [REDACTED] THREATS TO STUDENT THREATENED TO BEAT UP ANOTHER STUDENT SAT. DET. 10/7	HALLWAY	899489	9/29/2000	RYAN, Mrs. SHERRY SATURDAY DETENTION	7	African American	M	
B: C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION/DISRESPECT Y OSS 10/6	TEACHER'S CLASSROOM	899489	10/5/2000	RYAN, Mrs. SHERRY OSS	7	African American	M	

E 000001859

Discipline History Report

Date Printed: 1/18/2001

A000000478
HARDING ELEMENTARY

820 LINCOLN AVE

ERIE, PA. 16505

Student / Offense / Comment	Location	Student #	Date	Teacher / Disposition	Grade Race Gender Dem
B: C [REDACTED] FIGHTING FIGHTING IN THE CLASSROOM OSS 10/26-30	TEACHER'S CLASSROOM	899489	10/26/2000	WILLIAMSON, Mr. KENT OSS	7 M African American
B: C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION 2 DAYS OSS 12/11-12	CAFETERIA	899489	12/8/2000	DESANTIS, Mr. NICK OSS	7 M African American
B: C [REDACTED] TRESPASSING Trespassing and Stealing from a classroom OSS FOR 9 DAYS REFERRAL TO ALT ED	SCHOOL BUILDING	899489	1/17/2001	DAHLSTRAND, Mr. JOHN ALTERNATIVE EDUCATION	7 M African American

Discipline History Report

Date Printed: 1/18/2001

A000000479
HARDING ELEMENTARY

820 LINCOLN AVE

ERIE, PA. 16505

Student / Offense / Comment	Location	Student #	Date	Teacher / Disposition	Grade	Race	Gender	Dem
B C [REDACTED] FIGHTING HIT ANOTHER STUDENT IN CLASS	TEACHER'S CLASSROOM	899489	9/25/98	KOPIN, Ms. KELLY OSS	5	African American	M	
B C [REDACTED] INSUBORDINATION INSUBORDINATION 3RD OFFENSE OSS FOR 1 DAY 1/13 RETURN TO SCHOOL 1/14	TEACHER'S CLASSROOM	899489	1/12/99	SCEIFORD, Ms. MIMI OSS	5	African American	M	
B C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION OSS FOR 2 DAYS 3/19,22	TEACHER'S CLASSROOM	899489	3/19/99	JOBES, Ms. MAURA OSS	5	African American	M	
B C [REDACTED] FIGHTING FIGHTING IN THE CLASSROOM OSS FOR 1 DAY 5/4	TEACHER'S CLASSROOM	899489	5/3/99	SCEIFORD, Ms. MIMI OSS	5	African American	M	
C [REDACTED] SEXUAL HARASSMENT PULLED ANOTHER STUDENT'S PANTS DOWN OSS FOR 2 DAYS 5/13-14	PLAYGROUND	899489	5/12/99	SCEIFORD, Ms. MIMI OSS	5	African American	M	
B C [REDACTED] INSUBORDINATION INSUBORDINATION OSS FOR 1 DAY 5/20	TEACHER'S CLASSROOM	899489	5/19/99	BONNIGER, Mr. JEFF OSS	5	African American	M	
B C [REDACTED] FIGHTING FIGHTING ON THE PLAYGROUND OSS 1 DAY 5/24	PLAYGROUND	899489	5/21/99	SCEIFORD, Ms. MIMI OSS	5	African American	M	
Bl. C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION SAT. DET. 11/20	TEACHER'S CLASSROOM	899489	11/16/99	ROUSSOS, Mr. TONY SATURDAY DETENTION	6	African American	M	
B C [REDACTED] INSUBORDINATION REPEATED INSUBORDINATION—left class took a substitute teachers purse from another room—said he thought bag was his. S FOR 3 DAYS 12/14-16	SCHOOL BUILDING	899489	12/13/99	DAHLSTRAND, Mr. JOHN OSS	6	African American	M	

E 000001861

Discipline Incident Report

Date Printed: 9/29/2000

HARDING ELEMENTARY
820 LINCOLN AVE
ERIE, PA. 16505

Date: 9/29/2000

Student: B C [REDACTED]

Student No. 899489

Teacher: RYAN, Mrs. SHERRY

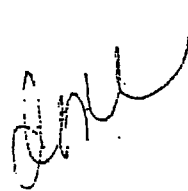
Location: HALLWAY

Offense: THREATS TO STUDENT

Comments: THREATENED TO BEAT UP ANOTHER STUDENT
SAT. DET. 10/7

Disposition: SATURDAY DETENTION

Days of
Detention 0.
Assigned



Parents Signature _____

This form must be signed by the student's parent or guardian and returned to the office

Discipline Incident Report

Date Printed: 1/18/2001

HARDING ELEMENTARY
820 LINCOLN AVE
ERIE, PA. 16505

Date: 1/17/2001

Student: B.1.1 C. [REDACTED]

Student No. 899489

Teacher: DAHLSTRAND, Mr. JOHN

Location: SCHOOL BUILDING

Offense: TRESPASSING

Comments: Trespassing and Stealing from a classroom
OSS FOR 9 DAYS REFERRAL TO ALT ED

Disposition: ALTERNATIVE EDUCATION

Days of
Detention 0
Assigned

Parents Signature _____

This form must be signed by the student's parent or
guardian and returned to the office

LOG OF PARENT CONTACTS FOR I.E.P. MEETINGS
AU000000482

I.E.P. FOR

Charles A.

(Name)

Strong Vincent

(School)

DATE

NOTES

10/25/01

letter sent home with student date-time

11/1/01

district letter mailed home

11/5/01

called parent to set up IEP

11/12/01

called parent to set up IEP for

11/13/01 11:00

11/13/01

IEP signed

** LOG SHEET MUST BE ENCLOSED WITH I.E.P.
PLEASE INCLUDE ALL PARENTAL CONTACTS (PHONE, LETTER, APPTS., ETC.)

The School District of the City of Erie, PA

Child Study Department
A000000483

Student Developmental-Social History

Student's Name: B C E Birthdate 8/1/87
 Home Address [REDACTED] Zip 16505 Phone 4576666

Please, describe any academic or behavioral difficulties your child is having in school:

- WORKING BELOW GR. LEVEL - L.S.
 - SEVERAL TEACHER REFERRAL FORMS - OSS, DETENTIONS

Have you discussed these problems with school personnel? YES

What educational changes have been made in order to ensure greater success in the classroom?
LEARNING SUPPORT WITH MS. RYAN

What suggestions for greater school success do you have? MORE HOMEWORK, BEHAVIOR
PLAN, SMALLER CLASS

Please, describe your child's strengths and weaknesses LIKEABLE, SOCIABLE, DISPLAYS GOOD MANNERS
- HAS DIFFICULTY WITH BEHAVIOR -

FAMILY INFORMATION

Natural Father C B
 Address [REDACTED] Age 46

Natural Mother VICTORIA B
 Address [REDACTED] Age 46

Brothers/Sisters	Age	Others In Home	Age	Relationship To Student
EDWARD B	11	VICTORIA B	46	MOTHER
IDEMAINIE B	9	CHARLES B	46	FATHER
VICTOR B	7			

Please, describe the present relationship of the student's natural parents EXCELLENT

Are there any problems in the family's situation that may be affecting the child's learning? NO

What language is spoken at home? ENGLISH A000000484

What is the child's preferred language? ENGLISH

BIRTH HISTORY

At what point did mother seek pre-natal care? ONSET OF PREGNANCY

Did the mother smoke during pregnancy? Yes ☒ No

Did the mother use drugs during pregnancy? Yes ☒ No

Did mother experience health problems during pregnancy? Yes ☒ No If "yes," please explain _____

Were there any complications during labor or delivery? Yes ☒ No If "yes," please explain _____

Was the child born premature? Yes ☒ No

Did the child require special medical attention following delivery? Yes ☒ No If "yes," explain _____

PHYSICAL DEVELOPMENT

Please describe, if you check "yes"

	Yes	No
Has your child had any serious health problems? _____		<input checked="" type="checkbox"/>
Has your child had any accidents that required medical care: _____		<input checked="" type="checkbox"/>
Has your child had surgery? _____		<input checked="" type="checkbox"/>
Has your child been hospitalized? _____		<input checked="" type="checkbox"/>
Has your child been treated for hyperactivity or attentional problems? _____		<input checked="" type="checkbox"/>
Does your child have vision problems? _____		<input checked="" type="checkbox"/>
Does your child have hearing problems? _____		<input checked="" type="checkbox"/>
Were there any problems with walking, talking or toilet-training? _____		<input checked="" type="checkbox"/>

A000000485	
Has your child been medicated for emotional or behavior problems? _____	Yes No
Any other physical concerns? _____	Yes No

SOCIAL/EMOTIONAL DEVELOPMENT

Describe your child's personality. LIKEABLE, HAS A LOT OF FRIENDS GOOD
SENSE OF HUMOR, VERY SOCIABLE

Are any behaviors a problem? CAN BE HYPERACTIVE AT TIMES, GETS INTO
TRouble AT SCHOOL

How does your child feel about himself? GOOD SELF-ESTEEM

How does your child feel about school? LIKES SCHOOL, TOO MUCH WORK

Does your child make friends easily?

Is your child shy?

Is your child a leader?

Is your child a follower?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

→ SOMETIMES

COMMUNITY AGENCY INVOLVEMENT

Please, explain if "yes."

Has your child received mental health services? _____	Yes	No
Has your child received drug/alcohol services? _____		<input checked="" type="checkbox"/>
Is your child currently or has your child ever been involved with any community agencies for counseling, support, or intervention? <u>ONLY YMCA</u>		<input checked="" type="checkbox"/>

Charles B.

Parent/Guardian Signature

2-5-01

Date

School District of the City of Erie, PA
A000000486

CLASSROOM OBSERVATION FORM

STUDENT: C [REDACTED] B
SCHOOL: HARDING
TEACHER: A. TIVERSAN
LENGTH OF OBSERVATION: 45 min.DATE: 12/13/00 TIME: 9:45-10:30 A
GRADE: 7
OBSERVER: S. CANNON - COUNSELOR

Type of Lesson Observed

Subject ENGLISH
Setting CLASSROOMInstructional Level of lesson: MODIFIED - STUDENT IN L.S.

Student's Assigned Activity

Was student on task? Yes ☒ No ☐If "no," describe behavior STUDENT CONSTANTLY MOVING DESPITE TEACHER INTERVENTIONS
OUT OF SEAT, HITTING OTHER STUDENTS WHILE WALKING BY, TALKING OUT LOUDWas student able to complete tasks? Yes ☐ No ☒If "no," what interfered? REFUSAL TO FOLLOW CLASSROOM RULES - INSUBORDINATE

Class Discussion or Participation

Was student distracted or did they distract self or others? Yes ☒ No ☐If "yes," explain STUDENT ANNOYS PEERS - HITTING, TAKING OTHERS' PAPERS / MAKING
GEROUNDS TO OTHER STUDENTS.Did student require special handling to order his attention to work? Yes ☒ No ☐If "yes," what was done to redirect? STUDENT REDIRECTED - REFUSAL TO GO TO
Mrs. RYAN'S RM. FOR TEST - WALKED AWAY - "FORGET YOU"

Peer and Teacher Adjustment

Did student show appropriate inter-peer relationships? Yes ☐ No ☒If "no," please describe CONTINUALLY DISTURBED OTHER STUDENTS / TALKING,
LAUGHING - INSTIGATING OTHERS (GETS STUDENTS "GOING") THREATENS OTHER STUDENTSDid student show appropriate response to teacher? Yes ☐ No ☒

(i.e. to criticism, to direction, in following rules, etc.)

If "no," explain WOULD NOT FOLLOW CLASSROOM RULES - INSUBORDINATE -
WALKED AWAY - "FORGET YOU" - BEGAN WANDERING THE HALL

OVERVIEW:

What were your overall impressions of this student?

- STUDENT DISPLAYS ADHD CHARACTERISTICS - UNABLE TO CONTROL IMPULSES
- C [REDACTED] IS VERY LIKEABLE; HOWEVER, HE ATTEMPTS TO BE "CLEVER" AND "TRICK" OTHERS
- STUDENT LIES ABOUT INSTANCES AND WILL SAY "NOT TALKING" - SEES NO PROBLEM IN THESE BEHAVIORS
- C [REDACTED] NEEDS CONSTANT 1:1 / UNABLE TO FUNCTION IN CLASSROOM AND A SMALL GROUP
- STUDENT REFUSES TO BE APATHETIC RE: ASSIGNMENTS AND BEHAVIOR
- L.S. TEACHER (S. RYAN) STATES STUDENT AT 4th GR. LEVEL IN ROG. - 5th GR. LEVEL IN MATH

Special Concerns?

- STUDENT AT HARDING SINCE GR. 3 ('97) - HE HAS EXHIBITED OUT OF CONTROL BEHAVIOR AND IT HAS SINCE ESCALATED → (ABSOLUTELY CANNOT STILL STILL AND TALK)
- CAT 5 - (LEVEL 14 TEST) GET. NO - TOT. ROG / NP-27 / TOT. L.W. GP-11 / TOT. MTH GP-14 / TOT. BOT. GP-21
- SEVERAL CONFERENCES w/ PARENT - DISCUSSED BEHAVIOR - NO IMPROVEMENT SHOWN
- STUDENT WAS REMOVED FROM CLASSROOM (INCIDENT) TOTALLY UNABLE TO FOCUS ON ASSIGNMENT / IS IN THE PAST, PARENTS DO NOT FEEL MATH. NECESSARY

What accommodations/interventions were implemented, specific to this student, during the observation? (Refer to Pre-Referral Checklist, if applicable).

- STUDENT SEATED AT FRONT OF CLASSROOM - ABLE TO ASK FOR ASSISTANCE
- REPORTED TO MRS. RYAN'S ROOM FOR 1:1 ASSISTANCE (TEST IN SMALL GROUP)

E 000001855

The School District of the City of Erie, PA

Child Study Department
A000000487

MDT TEACHER INPUT FORM

Student: C. [redacted] BTeacher: Mrs. Sherry RyanSubjects(s): Learning SupportDate: 11/30/01Specifically Define Reason(s) for Referral: (What is the referral question/student's unmet needs?)
Major disruptions, major discipline code violations, committed
a crimeList modification(s) made in instruction, materials, assessment, environment or disciplinary techniques, including effects and duration of modifications: Small group instruction in Math, adapted assignments
in English, Reading, Science, and Social Studies. Out of the regular
classroom for Math, many time out periods, behavior checklist
(weekly) unsuccessful conferences with behavior specialist,
after school detentions and suspensions.Identify support staff/administrators with whom you consulted for assistance: Mrs. Jo Barker, Mr. John
Dalhstrand, Mrs. Susan Gannon, Mrs. Steven Kilay, Mr. Jeff Bonniger,
Mrs. Carolyn MonacelliDocument parent contacts & results: 9/13/00 met with mother 9/22 phone call (detention)
1 phone call (detention) 11/16/00 mother called to reschedule conference
11/29 conference with mom (signed IEP) 12/18/00 conference with father
discussedStudent's Instructional Strengths: Oral Reading, playing sports, listening to
music, Math knows multiplication tables, very trainableSuccessful Instructional Activities: Take out of class for tests, rewards and
free time for successful completion of assignments; provide
time to get up and move around and help out with
hands on projects

Check all services that apply:

- ☐ Title I Reading/reading recovery
☐ Title I Math
☐ IST/Consultative Teacher
☐ Speech/Language
☐ SAP
☐ PEP
☐ STARS
☐ Summer School
☐ After-school Support Program
☒ Present Sp. Ed. Involvement 35% LS

- ☐ Office of Children & Youth
☐ Project Intercept
☐ Achievement Center
☐ Family Service
☐ Private Counseling
☐ Probation
☐ Sarah Reed
☐ Hamot/St. Vincent Mental Health
☒ Medications: asthma
☒ Other: Behavior Specialist

Additional Comments:

Return To S. GANNON - COUNSELOR
(School Staff)By 1-30-01
(Date)

E 000001856

School District of the City of Erie, PA
Office of Child Study

MDT COUNSELOR INPUT FORM

STUDENT NAME: CL [REDACTED] BSCHOOL: HARDING

DISTRICT INTERVENTIONS

- ☐ Title I Reading/Reading Recovery
☐ Title I Math
☐ IST/Consultative Teacher
☐ Speech/Language
☐ SAP
☐ PEP
☐ STARS
☐ Summer School
☐ After-School Support Program
☒ Present Spec Ed Involvement - LEARNING SUPPORT
☐ Other: _____

COMMUNITY AGENCIES

- ☐ Office of Children & Youth
☐ Project Intercept
☐ Achievement Center
☐ Family Services
☐ Private Counseling
☐ Probation
☐ Sarah Reed
☐ Hamot/St. Vincent Mental Health
☐ Other: BEHAVIOR SPECIALIST - SKILEY

COUNSELOR-STUDENT CONTACTS:

Date(s)

Purpose:

20-00
9-26-00
10-5-00
11-1-00
12-12-00
1-18-01

PROBLEMS IN CLASSROOM - OUT OF CONTROL - COUNSELLED
 PROBLEMS IN ART ROOM - REFUSES TO FOLLOW DIRECTIONS - COUNSELLED
 BEHAVIOR PROBLEMS - THREATENS OTHER STUDENTS - COUNSELLED
 DISRESPECTFUL TO OTHERS - PEER MEDIATION
 REFUSED TO FOLLOW TEACHER'S DIRECTIONS - PRIVATE COUNSELING
 CHARGES INVOLVED IN TRESPASSING - STEALING FROM CLASSROOM
 COUNSELLED STUDENT RE: RESPECT FOR OTHERS, ETC.

FAMILY CONTACTS:

9-26-00
10-5-00
11-1-00
1-13-01

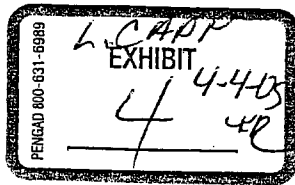
ATTEMPTED TO CONTACT PARENT RE: ^{OPPOSITIONAL} BEHAVIOR - LEFT MESSAGE TO RETURN
 ATTEMPTED TO CONTACT PARENT (SPOKE W/ SISTER) RE: THREATENING OTHER ^{CHILD} STUDENTS
 LEFT MESSAGE RE: PEER MEDIATION & STUDENT COUNSELING
 SPOKE W/ SISTER RE: MEETING W/ MOTHER, RE: TRESPASSING
 INCIDENT

AGENCY CONTACTS:

Signature: [Signature]Date: 1-30-01

E 000001857

A000000489



6/1/9
 Jackie
 Fondi

Department of Pupil Learner Service
 Child Study Office

LAST NAME		FIRST NAME		M.I.	HOME PHONE	SCH. YEAR	STUDENT NO.
B [REDACTED]		C [REDACTED]			461-1851	01-02	899489
NUMBER		STREET NAME		STREET CODE		APT. NO.	ZIP CODE
[REDACTED]		ST		ERIE		PA	
[REDACTED]						16505	
DATE OF BIRTH	MO.	DAY	YR.	SEX	MALE	FEMALE	W.
[REDACTED]	08	27	87	M			
SCHOOL PUPIL ATTENDED		00-01		SCHOOL NUMBER	361	GR.	
HARDING				SCHOOL TO ATTEND SEPT.	01	SCHOOL NUMBER	502
STRONG VINCENT				ROOM	14	CLERICAL CODE	815 LEARNING SUPPORT RESOURCE ROOM
DATE				DATE			
SCHOOL				SCHOOL			
GRADE				GRADE			
NEW ADDRESS				APPT.			
REMARKS				PRINCIPAL SIGNATURE			

PROBLEM/REASON FOR REFERRAL:

I need you to ask Mr. or Mrs. B [REDACTED] to come to Strong Vincent and meet with ms Cappabianca a.s.a.p. regarding Charles. I have tried calling the home 6 times and received no answer. I also have

Date received in Child Study Assigned to:

REPORT OF HOME-SCHOOL VISITOR.

left messages with C [REDACTED] it is very important that they call me to set up an appointment. my phone # is 874 6504 Thank you - Linda Capp

Not answer

12-12-01 HV Left a note to "call L. Capp. ASAP as is very imp -" j fontecchis (fondi)
 - called L. Capp + will try tomorrow again

12-13-01 HV - left a note - knocked repeatedly but no answer - jf.

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The School District of the City of Erie, Pa.

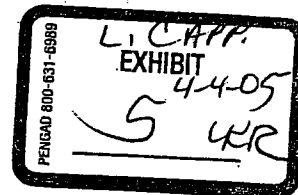
A000000490

**INVITATION TO PARTICIPATE
IN THE IEP TEAM MEETING**

School Age

Date: January 9, 2002Name and Address of Parent: Ms. M. L. B. 1725 West 14th StStudent's Name: Charles B. B. B.Dear Ms. B.

We are sending you this notice so that you can attend and participate in:

an Individualized Education Program Team Meeting.other meeting (specify):The purpose of this meeting is to: *(The school district is to check all that apply)*

☐ Discuss the results of the multidisciplinary evaluation regarding whether your child is a child with a disability and in need of special education. An Individualized Education Program (IEP) will be developed at the meeting and a decision will be made regarding the educational placement of the child.

☐ Discuss your child's current IEP to review and revise it as needed. Complete the following for students age 16 and older:

(For parents) Develop or review a statement of your child's need for transition services. We are inviting your son/daughter to attend this meeting. We are also inviting representative(s) from the following agency or agencies to attend:

(For students) Develop or review a statement of your need for transition services. *We are also inviting representative(s) from the following agency or agencies to attend:

☒ Other Review current student information.

The team meeting has been tentatively scheduled for this location: Ston. Vincent 1330 W. 10th St
at the following date and time: Friday Jan 11, 2002 10:00 AM
If this time, date or location is not convenient, please contact me as soon as possible so we can arrange a time and place which are mutually convenient.

Ms. C. Moore / Sp Ed Supervisor
Name and Title

874-6057
Phone Number

1/8/02
Date

The following people are expected to attend the meeting for your child:

NAME	<u>Ms. Munn</u>	ROLE*	<u>Sp Ed Teacher</u>
NAME	<u>Ms. Munn</u>	ROLE*	<u>Sp Ed Teacher</u>
NAME	<u>Ms. Munn</u>	ROLE*	<u>Sp Ed Supervisor</u>

986100000 E

Student Name: [REDACTED] 0000000491

Page 2

Invitation to Participate in IEP Team Meeting

NAME <u>[REDACTED]</u>	ROLE* <u>[REDACTED]</u>
NAME _____	ROLE* _____
NAME _____	ROLE* _____

**This denotes this person's involvement in your child's IEP development. Examples: regular education teacher, local education agency representative, etc.*

Parents are strongly encouraged to participate as members of their child's IEP Team. If you would like additional personnel from the school district to attend this team meeting or if you have any questions or comments, please contact me. Further, please be advised that you may bring other people to the meeting who have knowledge or special expertise regarding your child.

Attached to this invitation is a copy of the "Procedural Safeguards Notice" describing your rights and procedural safeguards under State and Federal Law.

We are requesting that you respond to this notice by checking the appropriate option below, and returning this form to the school district (by mail or in person) as soon as possible.

- ☐ I will attend the meeting as scheduled.
- ☐ I will need the following accommodations to be made so that I may attend the meeting: _____
- ☐ I will not attend the meeting.
- ☐ I wish to attend the meeting, but this time and/or location is not convenient.
Please contact me to make alternative arrangements.

*Parent Signature*_____
Date

A000000492

The School District of the City of Erie, PA
 Notice of Recommended Evaluation Placement
 School Age Educational

Date: 11-13-01

Name and Address of Parent:

Mr & Mrs. C. [REDACTED] B. [REDACTED][REDACTED]Erie, PA 16505Student's Name: C. [REDACTED] B. [REDACTED]

ID#:

899 489

S.S.#:

Dear Mr & Mrs Charles Bibbs

This notice summarizes recommendations for your child's education program.
 This notice is to be given to the parent of a child with a disability in a reasonable time before the school district proposes to

initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the
 provision of a free appropriate public education to the child.

1. Action proposed or refused: C. [REDACTED] will receive specially designed instruction in READING, science, English and Social Studies outside the regular education curriculum. C. [REDACTED] will participate in regular education curriculum related classes and environmental other areas. He will be mainstreamed in MATH.
2. Why the action is proposed or refused: Due to current low academic levels, this is an appropriate placement for C. [REDACTED] educational needs and supports this action.

3. A. Description of any other options that were considered:

No other options

- B. Reasons why these options were rejected: Other options were considered inappropriate and were not considered to meet CHARLES' educational needs

4. Evaluation procedure(s), test(s), record (s), or report (s) used as a basis for the proposed action or action refused: C. [REDACTED] was observed in the classroom setting

5. Other factor(s) relevant to proposal or refusal: NO OTHER relevant factors to report

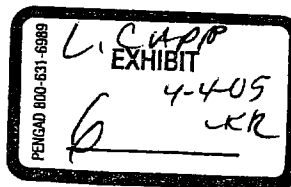
The educational placement recommended for your child is:

Appropriate Grouping: Learning Support

Level (%): 54.4%

Location: Strong Vincent

Other: No other relevant factors to report



A000000493

Student Name: CH [REDACTED] B [REDACTED]**NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT**Dr James E. Barker

Printed Name

School District Superintendent

Signature [Signature]Date 2-5-02

You have certain rights and protections under law that is described in a document titled *Procedural Safeguards Notice*. If you need more information or want a copy of the *Procedural Safeguards Notice*, you may contact:

Mrs. Charlise Moore

Name

Supervisor

Position

874-6057

Phone Number

DIRECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within 10 days to the person listed above.

☒ I approve this recommendation☐ I do not approve this recommendation

My reason for disapproval is:

I request:

☐ Pre-hearing Conference☐ Mediation☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

Victoria B [REDACTED]

Parent's Signature

Date 11/12/01Daytime Phone 814(461-1851)

A000000494

R ___ T ___ ✓ ___

The School District of the City of Erie, PA
INDIVIDUALIZED EDUCATION PROGRAM (IEP) Format

 IEP Team Meeting Date: 11/13/01 School Age

IEP Implementation Date (Projected Date when Services and Programs Will Begin): 11/13/01
 Mo./Day/Yr.

Anticipated Duration of Services and Programs: 11/12/02
 Mo./Day/Yr.

Student Name: Charles Bibbs
 ID# : 899489 SS# : _____

DOB: 5/31/87 Age: 14

School District: Erie Grade: 7 Anticipated Year of Graduation: 2007

Parent Name: Victoria Bibbs Phone: (H) 461-1851
 Address: 1725 W. 14th Phone: (W) _____
16505

County of Residence: Erie School Year: 2001-2002
 Other Information: _____

IEP TEAM/SIGNATURES*

The Individualized Education Program (IEP) Team makes the decisions about the student's program and placement. The student's parent(s), the student's regular teacher and a representative from the local education agency are required members of this team. A regular education teacher must also be included if the student participates, or may be participating in regular education. Signature on this IEP documents attendance, not agreement.

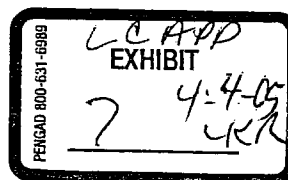
NAME (typed or printed)	POSITION (typed or printed)	SIGNATURE:
<u>Victoria Bibbs</u>	Parent	<u>Victoria Bibbs</u>
_____	Parent	_____
_____	Student*	_____
<u>Robert Kitchen</u>	Regular Education Teacher	<u>Robert Kitchen</u>
<u>Connie Manus</u>	Special Education Teacher	<u>Connie Manus</u>
<u>Linda Cappabianca</u>	Local Ed. Agency Rep. (Chair)	<u>Linda Cappabianca</u>
_____	Community Agency Rep**	_____
_____	Vocational Rep (if appropriate)***	_____

- * The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.
 ** As determined by the LEA as needed for transition services.
 *** Must be present if a Vocational Technical Program is being considered.

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the *Procedural Safeguards Notice*. The District has informed me whom I may contact if I need more information.

Signature: Victoria Bibbs Date Received: 11/12/01



A000000495

Student Name: C. B.
 Individualized Education Program

I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED MUST BE ADDRESSED IN THE IEP.

Is the Student Blind or Visually Impaired?

- ☒ No
☐ Yes - Team must provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate.

Is the Student Deaf or Hearing Impaired?

- ☒ No
☐ Yes - Team must consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.
- ☐ COMMUNICATION NEEDS
☐ ASSISTIVE TECHNOLOGY, Devices and/or Services
☐ LIMITED ENGLISH PROFICIENCY
☒ BEHAVIORS THAT IMPEDE HIS/HER LEARNING or that of OTHERS
☐ TRANSITION SERVICES
☐ OTHER (Specify): _____

II. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

STUDENT'S PRESENT LEVELS OF EDUCATIONAL PERFORMANCE:

Charles is presently in the 7th grade, he has all learning support classes. Writing Assessment 2 Partially Proficient, 100% in all math skills add, subtract, multiply, 20-50% add -subtract rename, estimation. Vocabulary 100% sentence completion multiple

HOW THE STUDENT'S DISABILITY AFFECTS INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM (Include the child's strengths and needs which will effect the student's involvement and progress in the general curriculum.):

Charles strengths include his understanding basic words, his ability to locate the main idea, oral reading is a strength. Basic math strengths include, addition, subtraction. Support continues to be needed in math, subtract and add renaming, word problems, Reading-main idea, cause and effect. Charles needs to exhibit appropriate class behavior, follow class /school rules.